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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Christopher T. Zirps et al. CONF. NO.: 8184
SERIAL NO.: 10/656,557 GROUP NO.: 3739
FILING DATE: September 5, 2003 EXAMINER: Beverly Meindl
Flanagan
TITLE: ENDOSCOPIC ACCESSORY MOUNTING ADAPTOR

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 23rd day of November, 2005.


Debra M. Doherty

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is/are the following document(s):

1. Petition for 3 Month Extension of Time,
2. Fee Transmittal,
3. Amendment and Reply
4. Check for \$1,020.00 and
5. Return Postcard

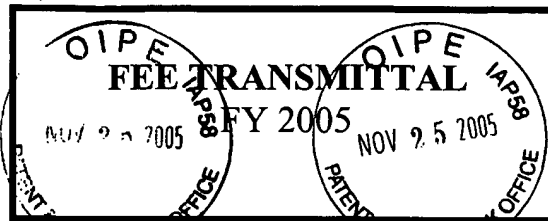
If the enclosed papers are considered incomplete, the Mail Room or other persons are respectfully requested to contact the undersigned collect at (617) 261-3100.

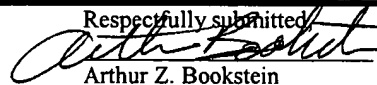
A check in the amount of \$1,020.00 is enclosed to cover the filing fee. If the fee is insufficient, the balance may be charged to the account of the undersigned, Deposit Account No. 50-1721 Reference No. **B0751/7034**. A duplicate of this letter is enclosed for accounting purposes.



Arthur Z. Bookstein
Reg. No.: 22,958
KIRKPATRICK & LOCKHART
NICHOLSON GRAHAM LLP
75 State Street
Boston, Massachusetts 02109-1808
Customer No.: 022832
Tel.: (617) 261-3100

DATE: November 23, 2005

 <p>OIPF FEE TRANSMITTAL NOV 2 5 2005 PATENT & TRADEMARK OFFICE</p>	<i>Complete if Known</i>	
	Application Serial Number	10/656,557
	Filing Date	September 5, 2003
	First Named Inventor	Christopher T. Zirps
	Group Art Unit	3739
	Examiner Name	Beverly Meindl Flanagan
Attorney Docket No.	B0751/7034	

<p>METHOD OF PAYMENT</p> <p>1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p>2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-1721. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.</p> <p>3. <input type="checkbox"/> Applicant claims small entity status.</p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. FILING/SEARCH/EXAM/SIZE FEES</p> <table style="width: 100%;"> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr><td>300</td><td></td><td>Utility filing fee</td><td></td></tr> <tr><td>500</td><td></td><td>Utility search fee</td><td></td></tr> <tr><td>200</td><td></td><td>Utility exam fee</td><td></td></tr> <tr><td>250</td><td></td><td>Utility size fee (each add'l 50 pgs. over 100)</td><td></td></tr> <tr><td>200</td><td></td><td>Design filing fee</td><td></td></tr> <tr><td>100</td><td></td><td>Design search fee</td><td></td></tr> <tr><td>130</td><td></td><td>Design exam fee</td><td></td></tr> <tr><td>250</td><td></td><td>Design size fee (each add'l 50 pgs. over 100)</td><td></td></tr> </table> <table style="width: 100%;"> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Number Filed</th> <th style="text-align: left;">Number Extra</th> <th style="text-align: left;">Rate</th> <th style="text-align: left;">Amount</th> </tr> <tr> <td></td> <td>- 20 =</td> <td></td> <td>x \$ 50.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td></td> <td>x \$ 200.00 =</td> <td></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Multiple Dependent Claim(s), if any </td> <td>\$360.00 =</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>TOTAL:</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>SMALL ENTITY DISCOUNT:</td> <td></td> </tr> <tr> <td colspan="3"></td> <td>SUBTOTAL (1)</td> <td>(\$) 0.00</td> </tr> </table> <p>2. AMENDMENT CLAIM FEES</p> <table style="width: 100%;"> <tr> <th style="text-align: left;">Claims</th> <th style="text-align: left;">Highest No. Remaining After Amend.</th> <th style="text-align: left;">Present Previously Paid For</th> <th style="text-align: left;">Rate</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <td>Total 14</td> <td>- 20 =</td> <td>0</td> <td>x \$ 50.00 =</td> <td>0.00</td> </tr> <tr> <td>Indep. 3</td> <td>- 3 =</td> <td>0</td> <td>x \$ 200.00 =</td> <td>0.00</td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> First Presentation of Multiple Dep. 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I)		200	200	Petitions to the Commissioner (Gp. II)		130	130	Petitions to the Commissioner (Gp. III)		180	180	Submission of Information Disclosure Statement		790	395	Filing a submission after final rejection (37 CFR 1.129(a))		790	395	For each additional invention to be examined (37 CFR 1.129(b))		100	100	Certificate of Correction for applicant's error		130	65	Submission of Terminal Disclaimer		Other fee (Specify)				Other fee (Specify)					SUBTOTAL (1)	0.00		SUBTOTAL (2)	0.00		SUBTOTAL (3)	1,020.00	TOTAL		(\$) 1,020.00
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<p style="text-align: center;">CORRESPONDENCE ADDRESS</p> <p>Direct all correspondence to:</p> <p style="margin-left: 40px;">Patent Administrator Kirkpatrick & Lockhart Nicholson Graham LLP 75 State Street Boston, MA 02109-1808 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175</p>	<p style="text-align: center;">SIGNATURE BLOCK</p> <p>Date: 11/23/2005 Reg. No.: 22,958 Tel. No.: (617) 261-3100 Fax No.: (617) 261-3175</p> <p style="text-align: right;">Respectfully submitted,  Arthur Z. Bookstein Attorney for the Applicants Kirkpatrick & Lockhart Nicholson Graham LLP 75 State Street Boston, MA 02109-1808</p>																																																																																																																																																																																																																		